

# BOARD OF BARBERS & COSMETOLOGISTS

## RENEWAL APPLICATION FOR BARBERS

www.cosmetology.mt.gov  
dlibsdcos@mt.gov  
PO Box 200513  
301 S. Park Ave. Fourth Floor  
Helena, MT 59620

NAME:	LICENSE#:
ADDRESS:	
CITY/STATE/ZIP	

**Please check the following license type you wish to renew:**

☐ Barber

☐ Inactive Instructors

☐ Active Instructors (Enclose CE Attendance Forms)

Fee: \$45.00

Fee: \$50.00

Fee: \$60.00

Your Montana Barber license will expire on December 31, 2005

**Incomplete renewal forms will be returned and considered not received.**

**INSTRUCTIONS:**

1. On-line renewal is available by e-check or credit card. Mail in fees are payable by check or money order made payable to: Board of Barbers & Cosmetologists. **DO NOT SEND CASH**
2. Failure to renew **prior to January 1, 2006** will result in your barber license lapsing.
3. If you fail to renew by the **December 31, 2005** deadline, you may renew your license by completing the same procedure and paying the **additional** late fee of \$75.00 until **February 15, 2006**. **The late fee is non-refundable and non-waivable.**

**If name or the preferred mailing address shown above has changed, please complete the following:**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Street	City	State	Zip

This is my **HOME BUSINESS** address  
(Circle one)

**\*\*NOTICE\*\* You must answer the following question:**

**YES NO**  
(Circle one)

Have any legal or disciplinary actions been instituted against you since you filed your last renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code An. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation.

**MILITARY EXEMPTION:** Section 37-1-138, MCA, provides for the suspension of collection of license fees, the suspension of continuing education requirements, and the suspension of certain disciplinary actions for persons in military service who affirmatively request that their license be placed on inactive status. Therefore, upon receipt of verification of active military service and submission of this completed form, the Board will place such person's license on inactive status.

I certify that I have read this application and the above information is true and correct, and I have complied with all license requirements.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**\*\*\* DEADLINE DECEMBER 31, 2005 \*\*\***